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PTO/SB/01 (12-97)

Applicable through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

20076-17

First Named Inventor

Micharl R. TREAT, et al

COMPLETE IF KNOWN

Application Number / to be assigned

Filing Date to be assigned

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTROTHERMAL INSTRUMENT FOR SEALING AND JOINING OR CUTTING
TISSUE**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/035,691	03/05/1998	

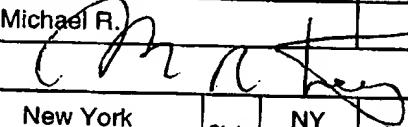
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Morey B. Wildes	36,968
William H. Dippert	26,723		
R. Lewis Gable	22,479		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name: William H. Dippert
Address: Cowan, Liebowitz & Latman, P.C.
Address: 1133 Avenue of the Americas
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Michael R.			TREAT				
Inventor's Signature	 My 12/1/98 Date						
Residence: City	New York	State	NY	Country	USA	Citizenship	US
Post Office Address	792 Columbus Avenue, #4E						
Post Office Address							
City	New York	State	NY	ZIP	10025	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



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PTO/SB/02A (3-97)

DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Fred H.		CO					
Inventor's Signature	<i>Fred H.</i>						Date
Residence: City	Santa Clara	State	CA	Country	USA	Citizenship	US
Post Office Address	622 Bucher Ave.						
Post Office Address							
City	Santa Clara	State	CA	ZIP	95051	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
George D.		HERMANN					
Inventor's Signature	<i>George D. Hermann</i>						Date
Residence: City	Portola Valley	State	CA	Country	USA	Citizenship	US
Post Office Address	214A Grove Dr.						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Thomas A.		HOWELL					
Inventor's Signature	<i>✓</i>						Date
Residence: City	Palo Alto	State	CA	Country	USA	Citizenship	US
Post Office Address	567 Homer Ave.						
Post Office Address							
City	Palo Alto	State	CA	ZIP	94301	Country	USA

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PTO/SB/02A (3-97)
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Fred H.		CO					
Inventor's Signature							Date
Residence: City	Santa Clara	State	CA	Country	USA	Citizenship	US
Post Office Address	622 Bucher Ave.						
Post Office Address							
City	Santa Clara	State	CA	ZIP	95051	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
George D.		HERMANN					
Inventor's Signature							Date
Residence: City	Portola Valley	State	CA	Country	USA	Citizenship	US
Post Office Address	214A Grove Dr.						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Thomas A.		HOWELL					
Inventor's Signature	<i>Tom A. Howell</i>						12/2/99 <i>Date</i>
Residence: City	Palo Alto	State	CA	Country	USA	Citizenship	US
Post Office Address	567 Homer Ave.						
Post Office Address							
City	Palo Alto	State	CA	ZIP	94301	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Theodore R.		KUCKLICK					
Inventor's Signature	<i>Theodore R. Kucklick</i>						Date
Residence: City	Los Gatos	State	CA	Country	USA	Citizenship	US
Post Office Address	116 Las Astas Dr.						
Post Office Address							
City	Las Gatos	State	CA	ZIP	95032	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Michelle Y.		MONFORT					
Inventor's Signature	<i>Michelle Y. Monfort</i>						Date
Residence: City	Los Gatos	State	CA	Country	USA	Citizenship	US
Post Office Address	11835 Skyline Blvd.						
Post Office Address							
City	Los Gatos	State	CA	ZIP	95033	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Kenneth H.		MOLLENAUER					
Inventor's Signature	<i>Kenneth H. Molleauer</i>						Date
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Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	USA

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